



CA Uniform Waste and Used Tire Trip Log

California Integrated Waste Management Board
P.O. Box 1259, Sacramento, CA 95812-1259

State of California
CIWMB-648 (01/03)

E X A M P L E 1 2 3

Blue or Black Ink Pen

Log Number

INSTRUCTIONS ON BACK

For logs that continue onto more than one page.

L -

Master Log Number

-

Decal Number

/ /

Initial Trip Date (MM/DD/YY)

Hauler Business Name

Address

City, State, Zip

☐ Change Of Address

Hauler's Business Phone (include area code)

() -

☐ **Confidentiality Claim:** The information provided on this form should be considered confidential, proprietary and/or a trade secret. In accordance with Title 14, CCR, Section 17041 et seq, should any member of the public request disclosure of this information, I request that CIWMB contact me at the address and telephone number listed in this section.

Manifest Number

M -

☐ Pickup
☐ Delivery

Load Type

☐ Whole Tire (Count) ☐ Weight (Lbs.)
☐ Volume (Cu. Yds.) ☐ Weight (Tons)

Load Amount

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M -

☐ Pickup
☐ Delivery

☐ Whole Tire (Count) ☐ Weight (Lbs.)
☐ Volume (Cu. Yds.) ☐ Weight (Tons)

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☐ Delivery

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☐ Delivery

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☐ Volume (Cu. Yds.) ☐ Weight (Tons)

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I certify under penalty of perjury under the laws of the State of California that the information provided above is true and correct. In addition, I am aware that falsification of this information may result in suspension, revocation, or denial of renewal of the Waste Tire Hauler Registration pursuant to Public Resources Code section 42960 and may result in civil penalties up to \$25,000 per day, per violation or administrative penalties up to \$5,000 per violation per day as described in Public Resources Code section 42962.

Please indicate if applicable: ☐ Load in transit

Page of

Driver's Name (print)

Driver's Signature

Date

20403

Toll Free 1-866-896-0600 / www.ciwmb.ca.gov/Tires/

White: CIWMB Copy Yellow: Hauler Copy

SCANTRON

FORM NO. M-104800-CIWMB

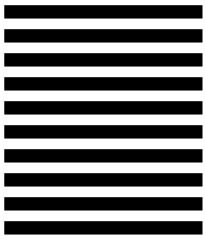
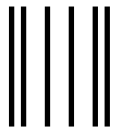
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BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 2029 SACRAMENTO CA

POSTAGE WILL BE PAID BY ADDRESSEE

**CALIFORNIA INTEGRATED
WASTE MANAGEMENT BOARD
PO BOX 1259
SACRAMENTO CA 95812-9922**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES